



State of Wisconsin  
**Department of Health Services**

Scott Walker, Governor  
Linda Seemeyer, Secretary

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September 21, 2018

Jeff Renk  
Senate Chief Clerk  
State Capitol Room B20 - SE  
P.O. Box 7882  
Madison, Wisconsin 53707-7882

Patrick E. Fuller  
Assembly Chief Clerk  
17 West Main Street, Room 401  
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Madison, Wisconsin 53708-8952

Dear Mr. Renk and Mr. Fuller:

The attached report is submitted to the Legislature pursuant to Wis. Stat. §§ 46.27 (11g) and 46.277 (5m), which require the Department of Health Services (DHS) to submit an annual report for the Community Options Program (COP) and the COP Home and Community-Based Waivers (COP-W/CIP II). The enclosed report describes persons served, program expenditures, and services delivered through the COP, COP-W, and CIP II programs in calendar year 2016.

COP provides services to people who are elderly or who have a physical, developmental, or mental disability. It is closely coordinated with all of Wisconsin's Medicaid Home and Community-Based Waiver Programs. With DHS oversight, county agencies ensure that a comprehensive and individualized care plan is provided for each person, while maintaining program flexibility and integrity and maximizing federal matching funds.

Sincerely,

A handwritten signature in black ink, appearing to read "Linda Seemeyer".

Linda Seemeyer  
Secretary

Enclosure: 2016 Community Options Program Report (P-01288-2016)

# Report to the Legislature

## Community Options Program

### Community Options Program Waiver

**Calendar Year 2016**



**Department of Health Services**  
Division of Medicaid Services  
Bureau of Adult Long Term Care Services  
P-01288-2016 (09/2018)

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## **Introduction: Community Options Program Overview**

The Department of Health Services (DHS), Division of Medicaid Services, Bureau of Adult Long Term Care Services, respectfully submits this report pursuant to Wis. Stat. §§ 46.27(11g) and 46.277(5m), which require summary reporting on state funds appropriated by the Legislature for the Community Options Program (COP). Authorized in 1981, COP provides a home and community-based alternative to nursing home care for frail elders and individuals with disabilities.

COP (also known as COP-Regular or Classic COP) is entirely state funded and has historically served frail elders, people with physical disabilities (PD) or developmental disabilities (DD), and people with serious mental illness (SMI) or substance abuse (AODA). In 1986, Wisconsin received a federal Medicaid Home and Community-Based Services (HCBS) Waiver (MA Waiver) to support frail elders and people with physical disabilities, allowing Wisconsin to obtain federal Medicaid funds for COP at approximately 60 percent of every dollar spent. This is referred to as the COP Waiver (COP-W). This document reports on both the COP-W and its companion program, the Community Integration Program II (CIP II).

DHS also administers Medicaid HCBS waiver programs for adults with intellectual and developmental disabilities and with traumatic brain injuries, as well as for children with disabilities. Specifically, the Community Integration Program 1A (CIP 1A) and the Community Integration Program 1B (CIP 1B) support long-term care needs of individuals with developmental and/or intellectual disabilities, including those requiring brain injury rehabilitation, in the community. The Children's Long-Term Support (CLTS) Waiver Program serves children and young adults under age 22, with developmental and/or intellectual disabilities, physical disabilities, and severe emotional disturbances living at home, in a foster care setting, or other allowable community settings. Participation in these programs is reported in this document's tables, particularly when COP is a funding source.

With the implementation of Family Care and IRIS (Include, Respect, I Self-Direct), the COP program has been greatly reduced in counties where these programs are operational. By the end of calendar year (CY) 2016, 65 of 72 counties had implemented Family Care and IRIS; in counties that have implemented Family Care and IRIS, COP funding is only available for eligible children. Beginning January 1, 2016, a Children's COP (CCOP) funding source was created for children statewide. Children in counties that had not yet transitioned adult services to Family Care or IRIS were also able to access COP through CY 2017. In addition, as of January 1, 2016, adults with needs related to severe mental illness or substance abuse were served with funding from the Division of Care and Treatment Services (DCTS) instead of COP funding. Eligible frail elders and adults with physical or intellectual/developmental disabilities in those counties that have transitioned participate in Family Care or IRIS in lieu of COP. Data for DCTS or Family Care and IRIS are not included in this report.

Highlights for CY 2016 include:

- COP and home and community-based waivers served 13,410 individuals.

- Of adult COP participants, 46.1% were diagnosed with a developmental or intellectual disability, 37.6% were elderly, and 15.8% had a physical disability.
- \$207 million was expended to serve people in COP and the related Medicaid HCBS waiver programs, excluding Family Care and IRIS.
- In 2016, one Wisconsin county transitioned to Family Care and IRIS. Consequently, there was a slight decline in the numbers of COP, COP-W/CIP II, and CIP 1 participants.

## Participants Served by Target Group

The table below illustrates adults and children served in 2016 with COP and Medicaid home and community-based waiver funding, by target group. This table does not include data from Family Care or IRIS.

**Table 1 - Participants Served in 2016 with COP and HCBS Waivers**

Client Characteristic	Elderly	PD	DD	MH	AODA/ Other	MA Waiver	Waiver w/COP	Statewide Total
<b>COP Waiver</b>								
COP-W	226	82	0	3	0	311		311
COP-W w/ Supp COP	253	50	0	0	0		303	303
<b>Total COP Waiver</b>	<b>479</b>	<b>132</b>	<b>0</b>	<b>3</b>	<b>0</b>	<b>311</b>	<b>303</b>	<b>614</b>
<b>CIP II</b>								
CIP II*	503	330	10	7	0	850		850
CIP II w/ Supp COP	372	184	3	0	1		560	560
<b>Total CIP II</b>	<b>875</b>	<b>514</b>	<b>13</b>	<b>7</b>	<b>1</b>	<b>850</b>	<b>560</b>	<b>1,410</b>
<b>COP Waiver and CIP II</b>	<b>1,354</b>	<b>646</b>	<b>13</b>	<b>10</b>	<b>1</b>	<b>1,161</b>	<b>863</b>	<b>2,024</b>
<b>CIP 1A</b>								
CIP 1A	20	1	127	2	0	150		150
CIP 1A w/ Supp COP	0	0	2	0	0		2	2
<b>Total CIP 1A</b>	<b>20</b>	<b>1</b>	<b>129</b>	<b>2</b>	<b>0</b>	<b>150</b>	<b>2</b>	<b>152</b>
<b>CIP 1B</b>								
CIP 1B**	195	16	1,790	9	0	2,010	0	2,010
CIP 1B w/ Supp COP	2	1	18	0	0	0	21	21
<b>Total CIP 1B</b>	<b>197</b>	<b>17</b>	<b>1,808</b>	<b>9</b>	<b>0</b>	<b>2,010</b>	<b>21</b>	<b>2,031</b>
<b>CIP 1A and CIP 1B</b>	<b>217</b>	<b>18</b>	<b>1,937</b>	<b>11</b>	<b>0</b>	<b>2,160</b>	<b>23</b>	<b>2,183</b>
<b>Total Adult Waivers</b>	<b>1,571</b>	<b>664</b>	<b>1,950</b>	<b>21</b>	<b>1</b>	<b>3,321</b>	<b>886</b>	<b>4,207</b>
<b>COP Only</b>	<b>18</b>	<b>6</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>24</b>	<b>24</b>
<b>COP and Adult Waivers</b>	<b>1,589</b>	<b>670</b>	<b>1,950</b>	<b>21</b>	<b>1</b>	<b>3,321</b>	<b>910</b>	<b>4,231</b>
<b>COP and Adult Waivers (% of Total)</b>	<b>37.6%</b>	<b>15.8%</b>	<b>46.1%</b>	<b>0.50%</b>	<b>0.02%</b>	<b>78.5%</b>	<b>21.5%</b>	<b>100%</b>
<b>Children's Long Term Support Waiver and Children's COP (CCOP)</b>								
Total CLTS (based on CLTS Claims)						6,604	178	6,782
CCOP Only Participants						0	2,397	2,397
Total CCOP and CLTS Waivers						6,604	2,575	9,179
<b>Total Participants Served in CY 2016</b>								<b>13,410</b>

\*CIP II counts include Community Relocation Initiative (CRI), CRI-Money Follows the Person (CRI-MFP), Nursing Home Downsizing (NHD), CIP II Tribal, CIP II FC Transfers

\*\*CIP 1B includes intermediate care facilities for intellectual/developmental disabilities (ICF-IDD), ICF-IDD/ MFP, CIP 1 Tribal, and CIP 1 Family Care Transfers.

These data do not include Family Care and IRIS Medicaid Waivers. Source: 2016 HSRS and CLTS Claims.

As indicated in Table 1, the COP and Medicaid HCBS waivers included in the data, combined, served a total of 13,410 people. Below, Table 2 illustrates participants served in 2016 with COP and Medicaid HCBS waiver funding by target group. Similarly, Table 2A describes the number of participants receiving COP funding and the percentages of those populations by target group.

**Table 2 - Summary of Total Participants Served by Program by Target Group**

Target Group	COP Only	COP-W/ CIP II*	CIP 1**	Subtotal COP Only + Adult Waivers	CLTS CCOP#	CLTS (from claims)	Total Clients
Elderly	18	1,354	217	1,589			1,589
PD	6	646	18	670			670
DD		13	1,937	1,954			1,950
MH		10	11	21			21
AODA/Other		1		1			1
CLTS from TPA					2,397	6,782	6,782
<b>Statewide Total</b>	<b>24</b> <b>&lt;1%</b>	<b>2,024</b> <b>15%</b>	<b>2,183</b> <b>16%</b>	<b>4,231</b> <b>31%</b>	<b>2,397</b> <b>18%</b>	<b>6,782</b> <b>51%</b>	<b>13,410</b> <b>100%</b>

\*CIP II counts include Community Relocation Initiative (CRI), CRI-Money Follows the Person (CRI-MFP), Nursing Home Diversion (NHD), CIP II Tribal, CIP II FC Transfers.

\*\*CIP 1 includes intermediate care facilities for intellectual/developmental disabilities (ICF-IDD), ICF-IDD/MFP, CIP 1 Tribal and CIP 1 Family Care Transfers.

#CCOP count includes children served with COP and Children’s COP funding.

These data do NOT include Family Care and IRIS Medicaid Waivers. See Table 1 for specific breakdown by waiver and those who also received support from COP. Sources: 2016 HSRS and WI Data Warehouse (for CLTS data).

**Table 2A - Participants Receiving COP Funding by HCBS Waiver and Target Group**

Target Group	COP-W/ CIP II Particip. who also received COP	CIP 1 Particip. who also received COP	Combine d Adult Waivers w/COP	CLTS Waiver w/CCOP	COP Only	CCOP Only	Total People Receiving COP	Percent of Particip. Receiving COP by Target Group
Elderly	625	2	627		18		<b>645</b>	18%
PD	234	1	235		6	166	<b>407</b>	12%
DD	3	20	23			2053	<b>2,076</b>	60%
MH						177	<b>177</b>	5%
AODA	1		1			1	<b>2</b>	0%
Children on CLTS Waiver				178			<b>178</b>	5%
<b>Total Participants served in CY 16 who received COP, by Program</b>	<b>863</b>	<b>23</b>	<b>886</b>	<b>178</b>	<b>24</b>	<b>2,397</b>	<b>3,485</b>	<b>100%</b>
<b>Percent Receiving COP (of total participants)</b>	<b>43%</b>	<b>1%</b>	<b>21%</b>	<b>3%</b>	<b>100%</b>	<b>100%</b>	<b>26%</b>	
<b>Total People Served by Program (from Table 2)</b>	<b>2,024</b>	<b>2,183</b>	<b>4,207</b>	<b>6,782</b>	<b>24</b>	<b>2,397</b>	<b>13,410</b>	

Source: 2016 HSRS and WI Data Warehouse (for CLTS data).

**Total Participants (13,410)**

- 8% of the total participants used COP or CCOP funding for match.
- 18% of the total participants were served with COP or CCOP only.

**Adults Who Received COP Funding**

- 26% of the participants who received some COP funding were adults.
- 3% of adults who received some COP funding received COP only.
- 95% of adults who received some COP funding were served in COP-W/CIP II HCBS waivers.
- 3% of adults who received some COP funding were served in the CIP 1 HCBS waivers.

**Other Participants Who Received COP Funding**

- 43% of COP-W/CIP II participants received some COP funding.
- 1% of CIP 1 participants received some COP funding.

**Children Who Received COP or CCOP Funding**

- 74% of the participants who received some COP or CCOP funding were children.
- 93% of children who received some COP/CCOP funding received COP/CCOP only
- 7% of children who received some COP/CCOP funding were served in the CLTS Waiver Program
- 3% of CLTS waiver participants received some COP/CCOP funding

**Funding Paid for Community Long Term Care by Target Group and Program in CY 2016**

**Table 3 - COP and All HCBS Waivers**

Program	Elderly	PD	DD	SMI	AODA/ Other	TOTAL
<b>COP (Regular)</b>	1,435,085 17.53%	824,667 10.07%	5,667,178 69.21%	261,819 3.20%		8,188,749 3.95%
<b>COP-W</b>	8,518,794 77.80%	2,430,428 22.20%				10,949,222 5.29%
<b>Subtotal: COP and COP-W</b>	9,953,870 52.01%	3,255,095 17.01%	5,667,178 29.61%	261,819 1.37%		19,137,971 9.24%
<b>CIP II (all)</b>	16,776,587 53.00%	14,877,350 47.00%				31,653,937 15.29%
<b>Subtotal: COP, COP-W, CIP II</b>	26,730,466 52.63%	18,132,445 35.70%	5,667,178 11.16%	261,819 .52%		50,791,908 24.53%
<b>CIP 1</b>			76,484,371 100.00%			76,484,371 36.93%
<b>CLTS</b>		5,879,863 7.37%	60,427,595 75.72%	13,494,885 16.91%		79,802,343 100.00%
<b>Totals</b>	<b>26,730,466 12.91%</b>	<b>24,012,308 11.60%</b>	<b>142,579,144 68.85%</b>	<b>13,756,704 6.64%</b>		<b>207,078,622 100.00%</b>

\* CLTS Waiver Program serves children with a significant physical disability, developmental disability, or a severe emotional disturbance. Source: 2016 HSRS and Reconciliation reports.

Table 3 includes all the dollars paid in CY 16 for COP regular, COP-W, CIP II (which includes the CIP II Community Relocation Program and MFP, CIP II Nursing Home Diversion Program,

CIP II Tribal, and CIP II Family Care Transfers), CIP 1 waivers (consisting of 1A, 1B regular/ICF-IDD/MFP, Family Care Transfers, and CIP 1B Tribal), the CLTS Waiver Program, and CCOP. Of the \$79,802,344 shown in this table in the CLTS column, \$72,563,829 was paid for by the CLTS Waiver Program, and \$7,238,515 was paid for by CCOP.

Not included in this table is an additional \$81,958 of COP and MA Fed (\$40,979 COP and \$40,979 Fed) that was paid to Adams and Dane counties for adult waiver capacity building, and \$192,159 in federal MAPT funding for adult family home activities paid to Dane County. Total actual COP funding that was paid to agencies in CY 16 was **\$8,229,728**.

## Assessments, Care Plans, and Individuals Served

**Table 4 - Use of COP Regular (Adult)**

Target Group	COP Only	Supplemental COP (gap filling)	COP used as match for waivers	Admin, Special Projects, Risk Reserve	Assessment/ Plans	Total COP Reported
Elderly	22,556 20.0%	1,216,740 71.2%	72,288 1.2%	38,423 20.0%	132,035 73.7%	1,482,042 17.5%
PD	90,225 80.0%	466,990 27.3%	113,475 1.8%	153,692 80.0%	27,267 15.2%	851,649 10.1%
DD		26,142 1.5%	5,819,773 92.9%		6,695 3.7%	5,852,610 69.2%
MH			257,303 4.1%		13,083 7.3%	270,386 3.2%
AODA/Other						
<b>Total</b>	<b>112,781</b>	<b>1,709,872</b>	<b>6,262,839</b>	<b>192,115</b>	<b>179,080</b>	<b>8,456,687</b>
<b>% of total COP by category</b>	<b>1.3%</b>	<b>20.2%</b>	<b>74.1%</b>	<b>2.3%</b>	<b>2.1%</b>	<b>100.0%</b>

\*All amounts shown are in dollars. Source: 2016 HSRS and Reconciliation reports.

People expressing or demonstrating a need for long-term care services receive a functional assessment through the Long Term Care Functional Screen (LTCFS). DHS-certified screeners assess each person’s unique characteristics, medical conditions, living environment, lifestyle preferences, and goals. The participant (or guardian, if applicable) and care manager, in response to the assessment data, develop a plan of comprehensive services that integrates formal services along with informal and unpaid supports from family, friends, and the community. The care plan also includes individual choices and preferences for the type and arrangement of services. The person’s available income and assets are also assessed and the participant may be responsible for contributing toward some or all of the costs for care plan services.

Table 5 illustrates the age distribution within each target group for new adults served in 2016. In 2016, elderly individuals accounted for 428 of new participants. Wisconsin considers participants “new” if services and costs are incurred in the current year, without receiving long-term support services of any type in the previous year. Individuals aged 65 and over, regardless of diagnosis, are coded as elderly.

**Table 5 - New COP and Adult Waiver Participants by Age in 2016**

Age Group	Elderly	PD	DD	MH	AODA/Other	Total
18 – 64 yrs.		66	90			156
65+ yrs.	286					286
<b>TOTAL</b>	<b>286</b> <b>64.7%</b>	<b>66</b> <b>14.9%</b>	<b>90</b> <b>20.4%</b>			<b>442</b> <b>100%</b>

## Participant Case Closures

Table 6 illustrates the number of participants in each target group who were closed from CIP or COP programming in 2016. Death accounted for approximately 64% of elderly case closures, excluding the total closures due to transfer from COP and waiver services to Family Care, Family Care Partnership, or the IRIS program. The transfer of individuals from COP and waiver services to Family Care, Partnership, or IRIS due to transition of one county (Rock County) from legacy waiver programs to Family Care, as well as movement of individuals statewide from legacy waiver counties to Family Care counties, accounted for approximately 64% of case closures across all target groups.

**Table 6 - Reasons for COP and Waiver Participant Case Closures**

Reason for Closure	Elderly	PD	DD	MH	AODA	Other	Total	% of Total
Person Died	205	33	16	1			255	20.7%
Transferred to Preferred Nursing Home Care	73	6			1		80	6.5%
No Longer Income or Level of Care Eligible	15	12	2				29	2.4%
Moved Out of State	6	2	7				15	1.2%
Voluntarily Ended Services	5	10	5				20	1.6%
Other Funding Used for Services			1				1	0.1%
Ineligible Living Arrangement	11	4	7				22	1.8%
Inadequate Service/Support	1	2					3	0.2%
Transferred to Family Care (FC), FC Partnership or IRIS Program due to county move	274	142	363	7			786	64.0%
Other	6	9	3				18	1.5%
<b>Total Cases Closed (all reasons)</b>	<b>596</b>	<b>220</b>	<b>404</b>	<b>8</b>	<b>1</b>		<b>1,229</b>	<b>100%</b>

Source: 2016 HSRS.

## COP Funding for Exceptional Needs

The statewide COP program also provides funds above county allocations for exceptional needs. Wisconsin Stat. § 46.27(7)(g) grants DHS the capacity to carry forward any COP and COP-W general purpose revenue (GPR) funds allocated but not spent by December 31 of each year into the next fiscal year. Counties can apply for these exceptional funds to support improvement or expansion of long-term community support services for COP-eligible individuals. Services may include:

- Start-up costs for developing needed services for people who are eligible

- Home modifications for COP or HCBS-waiver-eligible participants, including ramps
- Purchase of medical services, medical equipment, or other specially adapted equipment
- Vehicle modifications

In 2016, funding was allocated to five waiver agencies for exceptional expenditures in order to serve adults with developmental and/or intellectual disabilities, physical disabilities, or frail elders. The funding was used for services and items such as home repairs and modifications, including ramps, mobility lifts, ceiling lifts, roll-in showers, raised toilets, wider hallways and doors, door openers, environmental control systems, adapted mobility equipment such as wheelchairs and scooters not covered by Medicaid, vehicular modifications, and awards for urgent dental work.

## Participant Demographic and Service Profiles

Tables 7 through 12 provide participant demographic and service profiles.

**Table 7 - COP and Waiver Participants Institutional Relocations and Diversions**

Type of Relocation or Diversion	Number	Percent
Diverted from Entering any Institution	3,629	86%
Relocated from General Nursing Home	246	8%
Relocated from ICF/ID	231	5%
Relocated from Brain Injury Rehab Unit	25	<1%
<b>TOTAL</b>	<b>4,231</b>	<b>100%</b>

**Note:** Some totals may not equal 100% due to rounding. Source: 2016 HSRS.

**Table 8 - COP and Waiver Participants by Gender**

Gender	Elderly	PD	DD	MH	AODA/Other	Total Participants	
Female	1,092	347	853	18		2,310	55%
Male	497	323	1,097	3	1	1,921	45%
<b>TOTAL</b>	<b>1,589</b>	<b>670</b>	<b>1,950</b>	<b>21</b>	<b>1</b>	<b>4,231</b>	<b>100%</b>

**Note:** Participants with a dual diagnosis are counted first by client characteristic as reported to HSRS regardless of funding program. Some totals may not equal 100% due to rounding. Source: 2016 HSRS.

**Table 9 - COP and Waiver Participants by Age**

Age	Elderly	PD	DD	MH	AODA/Other	Total Participants	
18 to < 65 years		670	1,950	21	1	2,642	62%
65 to < 75 years	599					599	14%
75 to < 85 years	473					473	11%
85 years and over	517					517	12%
<b>TOTAL</b>	<b>1,589</b>	<b>670</b>	<b>1,950</b>	<b>21</b>	<b>1</b>	<b>4,231</b>	<b>100%</b>

**Note:** Participants with a dual diagnosis are counted first by client characteristic as reported to HSRS regardless of funding program. Some totals may not equal 100% due to rounding. Source: 2016 HSRS.

**Table 10 - COP and Waiver Participants by Source of Natural Supports**

Natural Support Source	Elderly	PD	DD	MH	AODA/Other	Total Participants	
Adult Child	716	99	3	1	1	820	19%
Non-Relative	235	145	270	6		656	16%
Other Relative	267	120	219	2		608	14%
Spouse	218	84	11	2		315	7%
Parent	48	162	1,343	8		1,561	37%
No Primary Support	105	60	104	2		271	6%
<b>TOTAL</b>	<b>1,589</b>	<b>670</b>	<b>1,950</b>	<b>21</b>	<b>1</b>	<b>4,231</b>	<b>100%</b>

**Note:** Participants with a dual diagnosis are counted first by client characteristic as reported to HSRS regardless of funding program. Some totals may not equal 100% due to rounding. Source: 2016 HSRS.

**Table 11 - COP and Waiver Participants by Living Arrangement**

Living Arrangement	Elderly	PD	DD	MH	AODA/Other	Total Participants	
Living with Immediate Family	372	233	888	10	1	1,594	36%
Living with Immediate Family with Attendant Care	21	23	28			72	2%
Living with Extended Family	7	9	13			29	1%
Living with Extended Family with Attendant Care	0	0	3			2	<1%
Living with Others	342	93	306	4		745	18%
Living with Others with Attendant Care	389	116	478	2		985	23%
Living Alone	341	136	120	5		602	14%
Living Alone with Attendant Care	116	60	114			290	7%
Transient or Other Housing Situation	1		1			2	<1%
<b>TOTAL</b>	<b>1,589</b>	<b>670</b>	<b>1,950</b>	<b>21</b>	<b>1</b>	<b>4,231</b>	<b>100%</b>

**Note:** Participants with a dual diagnosis are counted first by client characteristic as reported to HSRS regardless of funding program. Some totals may not equal 100% due to rounding. Source: 2016 HSRS.

**Table 12 - COP and Waiver Participants by Type of Residence**

Type of Residence	Elderly	PD	DD	MH	AODA/Other	Total Participants	
Adoptive Home			7			7	<1%
Adult Family Home (AFH)	133	60	304	4		501	12%
Brain Injury Rehab Unit		2				2	<1%
Child Group Home			1			1	<1%
Community-Based Residential Facility (CBRF)	501	58	67	2		628	15%
Foster Home	3	1	12			16	<1%
ICF/ID: Not State Center							
Nursing Home							
Other Living Arrangement							
Own Home or Apartment	894	540	1,545	15	1	2,995	71%
Residential Care Apartment Complex (RCAC)	56	8				64	2%
Residential Care Center (RCC)	1		1			2	<1%
Shelter Care Facility			1			1	<1%
Supervised Community Living	1	1	12			14	<1%
<b>TOTAL</b>	<b>1,589</b>	<b>670</b>	<b>1,950</b>	<b>21</b>	<b>1</b>	<b>4,231</b>	<b>100%</b>

**Note:** Participants with a dual diagnosis are counted first by client characteristic as reported to HSRS regardless of funding program. Some totals may not equal 100% because of rounding. Source: 2016 HSRS.

## Community Integration Program II and COP-W Services

Participants of the CIP II and COP-W utilize services federally authorized in the DHS-approved HCBS Medicaid waivers and receive services traditionally available to all Medicaid recipients through the Medicaid State Plan (e.g., card services). Whereas the Medicaid State Plan services generally include acute medical care and are provided to all Medicaid recipients eligible for Medicaid card services, waiver services generally focus on community-based supports. Because both types of services are required to support people in community settings, expenditures for medical and community-based supports are combined to determine the total public cost of serving waiver participants.

Federal and Wisconsin statutes require use of Medicaid waiver funds only for expenses not covered by the Medicaid State Plan. In Tables 13, 14, and 15, the Medicaid card services received, Medicaid HCBS waiver services received, total costs for each service, and service utilization rates are outlined. Costs of care, services, and environmental adaptations for waiver participants always include a combination of Medicaid State Plan benefits and Medicaid Home and Community-Based Services waiver benefits. The cross-coordination of benefit use is a key component of the COP and waiver programs.

The following tables reflect expenditures for calendar year 2015, the most recent year for which complete data are available:

**Table 13 - 2015 Total Medicaid Costs for CIP II and COP-W Recipients**

Total CIP II and COP-W Service Costs	\$61,565,043
Total Medicaid Card Service and Nursing Home Costs while in Waiver Status	\$27,062,454
<b>Total 2013 Medicaid Expenditures for CIP II and COP-W Recipients</b>	<b>\$88,627,497</b>

Source: 2015 Federal 372 Report.

**Table 14 - 2015 CIP II and COP-W Service Utilization and Costs**

CIP II and COP-W Service Categories	Rate of Participant Utilization (%)	Number of Participants	Cost	Percent of Total Waiver Costs
Care Management	98%	3,400	\$8,055,788	13%
Supportive Home Care/Personal Care	71%	2,442	\$17,710,108	29%
Adult Family Home	6%	219	\$5,894,055	10%
Residential Care Apartment Complex	4%	140	\$2,185,105	4%
Community-Based Residential Facility	34%	1,172	\$19,921,420	33%
Respite Care	3%	103	\$346,243	1%
Adult Day Care	3%	92	\$522,963	1%
Day Services	2%	65	\$323,702	1%
Daily Living Skills Training	1%	22	\$25,512	<1%
Counseling and Therapies	4%	137	\$316,263	1%
Skilled Nursing	1%	43	\$55,118	<1%
Transportation	26%	909	1,023,303	2%
Personal Emergency Response System	33%	1,137	\$316,117	1%
Adaptive Equipment	14%	491	\$345,147	1%
Communication Aids	1%	27	\$7,912	0%
Housing Start-up and Counseling	1%	26	\$15,954	0%
Vocational Futures Planning	0%	1	\$1,423	0%
Medical Supplies	32%	1,103	\$555,934	1%
Home Modifications	5%	159	\$784,113	1%
Home-Delivered Meals	22%	755	\$1,066,230	2%
Financial Management Services	18%	631	\$206,654	<1%
Consumer Education and Training	<1%	6	\$1,862	0%
Supported Employment	<1%	3	\$32,861	<1%
Prevocational Services	<1%	10	\$75,368	<1%
Self-Directed Supports	<1%	28	\$1,041,220	2%
<b>Total Medicaid Waiver Service Costs and Actual Number of Unduplicated Participants</b>		<b>3,561</b>	<b>67,218,950</b>	<b>100%</b>

Note: Totals may not equal 100% due to rounding. Source: 2015 Federal 372 Report.

**Table 15 - 2015 CIP II and COP-W Medicaid Card Service Utilization**

<b>CIP II and COP-W Service Categories</b>	<b>Rate of Participant Utilization (%)</b>	<b>Number of Participants</b>	<b>Cost</b>	<b>Percent of Total Waiver Costs</b>
<b>Inpatient Hospital</b>	9.4%	326	2,674,942	9.9%
<b>Physician</b> (physician services, clinic services – including outpatient mental health)	81%	2,803	2,481,946	9.2%
<b>Outpatient Hospital</b>	27.7%	960	1,175,961	4.3%
<b>Lab and X-ray</b>	11.2%	387	93,334	<1%
<b>Prescription Drugs</b>	52.1%	1,805	2,133,307	7.9%
<b>Transportation</b> (ambulance and nonemergency specialized motor vehicle)	9.4%	327	90,516	<1%
<b>Therapies</b> (physical therapy, speech and hearing therapy, occupational therapy, restorative care therapy, rehabilitative therapy)	3.0%	104	43,245	<1%
<b>Dental Services</b>	9.6%	333	68,020	<1%
<b>Nursing</b> (nurse practitioner, nursing services)	0%	0	0	0%
<b>Home Health, Supplies and Equipment</b> (home health therapy, home health aide, home health nursing, enteral nutrition, disposable supplies, other durable medical equipment, hearing aids)	55.3%	1,916	2,673,031	9.9%
<b>Personal Care</b> (personal care, personal care supervisory services)	28.1%	972	10,501,150	38.8%
<b>All Other</b> (other practitioners services, family planning services, HealthCheck/EPSTD, rural health clinic services, home health private duty nursing-vent, other care, hospice, Community Support Program)	31.9%	1,105	4,076,603	15.1%
<b>Case Management</b>			-	
<b>Total Medicaid State Plan Benefit Costs for Waiver Recipients</b>		<b>3,462</b>	<b>27,062,454</b>	<b>100%</b>

**Note:** Totals may not equal 100% due to rounding. Source: 2015 Federal 372 Report

## Appendix A: Performance Standards

In order to ensure the goals of COP are met, person-centered performance outcomes valued by COP participants are incorporated into the acronym RESPECT:

**R**elationships between participants, care managers, and providers are based on caring, respect, continuity over time, and a sense of partnership.

**E**mpowerment of individuals to make choices, the foundation of ethical home and community-based long-term support services, is supported.

**S**ervices that are easy to access and delivered promptly, tailored to meet unique individual circumstances and needs are provided.

**P**hysical and mental health services are delivered in a manner that helps people achieve their optimal level of health and functioning.

**E**nhancement and maintenance of each participant's sense of self-worth, and community recognition of his or her value is fostered.

**C**ommunity and family participation is respected and participants are supported to maintain and develop friendships and share in their families and communities.

**T**ools for self-determination are provided to help participants achieve maximum self-sufficiency and independence.

RESPECT performance standards are measured by the extent to which:

- Care managers identify a participant's health status and care needs; create or arrange for appropriate services to support and not supplant the help available from family, friends and the community; and monitor the performance of service providers.
- Services respond to individual needs.
- Participant preferences and choices are honored, and the participant is satisfied with the services delivered.
- Participants are able to maintain a home of their own choice and participate in community life.

## Appendix B: Definitions

### Community Options Program (COP):

The Community Options Program, administered by the Department of Health Services, is managed by local county agencies and delivers community-based services to Wisconsin citizens in need of long-term assistance. The program began as a demonstration in eight counties in 1982 and expanded, statewide, in 1986. (*Funding: 100 % GPR/State.*) The program will end for adults effective July 1, 2018, when Family Care and IRIS expand statewide for adults in need of long-term care.

### Community Options Program-Waiver (COP-W)

A Medicaid-funded waiver program that provides community services to the elderly and persons with physical disabilities demonstrating long-term needs and who would otherwise be eligible for Medicaid reimbursement in a nursing home. (*Funding: Approximately 40% GPR/State, budgeted separately with COP GPR/state funds; approximately 60% federal funding.*) The program will end for adults effective July 1, 2018, when Family Care and IRIS expand statewide for adults in need of long-term care.

### Community Integration Program 1A (CIP 1A)

A Medicaid-funded waiver program that provides community services to persons with developmental and/or intellectual disabilities who are relocated from the state centers for the developmentally disabled. (*Funding: Approximately 40% GPR/State, budgeted separately with COP GPR/state funds; approximately 60% federal funding.*) The program will end for adults effective July 1, 2018, when Family Care and IRIS expand statewide for adults in need of long-term care.

### Community Integration Program 1B Regular (CIP 1B)

A Medicaid-funded waiver program that provides community services to persons with developmental and/or intellectual disabilities who are relocated or diverted from nursing homes and intermediate care facilities—intellectually/developmentally disabled (ICFs-I/DD) other than the state centers for the developmentally disabled. (*Funding: Approximately 40% GPR/State, budgeted separately with COP GPR/state funds; approximately 60% federal funding.*) The program will end for adults effective July 1, 2018, when Family Care and IRIS expand statewide for adults in need of long-term care.

### Community Integration Program 1B (CIP 1B)/Local Match

A Medicaid-funded waiver program that provides community services to persons with developmental and/or intellectual disabilities who are relocated or diverted from nursing homes and ICFs-I/DD other than the state centers for the developmentally disabled. (*Funding: Approximately 40% GPR/State [Community Aids, county match, or COP funds]; approximately 60% federal Medicaid funding.*) The program will end for adults effective July 1, 2018, when Family Care and IRIS expand statewide for adults in need of long-term care.

### Community Integration Program II (CIP II)

A Medicaid-funded waiver program that provides community services to the elderly and persons with physical disabilities after a nursing home bed is closed. (*Funding: Approximately 40% GPR/State [state Medicaid funding]; approximately 60% federal Medicaid funding.*) The program will end for adults effective July 1, 2018, when Family Care and IRIS expand statewide for adults in need of long-term care.

### **Children’s Long-Term Support (CLTS) Waiver Program**

A home and community-based Medicaid-funded waiver program that serves children and individuals under age 22 diagnosed with a significant developmental disability, physical disability or a severe emotional disturbance. The CLTS Waiver Program provides services and supports to children and families to support inclusion in the community. (*Funding: Approximately 40% GPR/State [state Medicaid, Community Aids, county match, or COP funds]; approximately 60% [federal Medicaid funding].*)

### **Children’s COP**

The Children’s Community Options Program, administered by the Department of Health Services, is managed by local county agencies and delivers community-based services to Wisconsin children up to age 22 based on their assessed need. The program began on January 1, 2016, and was available statewide. Counties that had not yet transitioned to Family Care or IRIS for adults could use adult COP funds for children’s needs until January 1, 2018. (*Funding: 100% GPR/State.*)

## Appendix C: Quality Improvement Activities and Outcomes

Wisconsin has a plan that demonstrates and documents quality assurance efforts, which ensure the health, safety, and welfare of community waiver program participants. The quality assurance and improvement program combines a number of activities to assess and monitor program integrity, customer safety, customer satisfaction, and program quality. The information obtained is provided as feedback to local and state agencies to promote quality improvement.

### Program Integrity: Record Reviews

On-site county monitoring reviews were conducted for a random selection of 294 cases in 2016. Reviewers looked at records to ensure compliance with waiver requirements. Where errors were identified, corrective action plans were implemented. For all criteria monitored, percentage of compliance with the waiver requirements was verified. A summary of the monitoring categories and findings are as follows:

- **Financial Eligibility**

Monitoring Components included:

- Medicaid financial eligibility as approved in State Plan.
- Cost share calculated appropriately.
- Spenddown calculated appropriately.

Findings: 99 percent of the factors monitored indicated no deficiency. Errors were detected in more complex areas of calculation of cost share. In three cases a disallowance was taken, but in all cases the deficiencies were addressed by the agency developing a comprehensive tracking system.

- **Functional Eligibility**

Monitoring Component: Functional eligibility determined and/or re-determined on a timely basis.

Findings: 96 percent of factors monitored demonstrated compliance with eligibility. No instances of incorrect eligibility determination were identified under this category.

- **Service Plan**

Monitoring Components:

- Individual service plan (ISP) developed and reviewed with participant.
- Services waiver allowable.
- Services appropriately billed.

Findings: 97 percent of factors were in compliance. In a small percentage of the cases, errors in billing were noted, but none included nonallowable costs and were corrected without any disallowance of state or federal funding.

- **Service Standards and Requirements**

Monitoring Components:

- Waiver-billed services met necessary standards and identified needs.
- Care providers appropriately trained and certified.

Findings: 95 percent of factors were documented as error free, which demonstrates a significant improvement from the 82% compliance one year ago. Agencies implemented procedures that led to improved assurance that providers were qualified and met all required standards.

- **Billing**

Monitoring Components:

- Services accurately billed.
- Only waiver-allowable providers billed.
- Residence in waiver-allowable settings during billing period.

Findings: 98 percent compliance was found in terms of services accurately billed and only waiver allowable providers billed. Errors were detected in the more complex billing area of exclusion during hospital stays. These billing errors resulted in disallowance of state or federal funding and agencies developed systems to account for these nonallowable settings.

- **Substitute Care**

Monitoring Component: Only waiver-allowable costs calculated and billed.

Findings: 100 percent of relevant files showed compliance with the documentation requirements.

### **Program Integrity: Home Visits**

Of the 294 records reviewed, 242 included home visits by the care manager. Reviewers used the results of the record reviews, home visits, and interviews with participants to determine the extent to which the program was meeting the goals outlined within the RESPECT philosophy.

#### **Care managers identify a participant's health status and care needs**

Findings: Average 98% compliance. A certified screener met with the participant and their family or other support system to complete the functional screen at least annually. The care manager assured that the person was followed by a medical professional in the year reviewed.

#### **Care managers create or arrange for appropriate services to support and not supplant the help available from family, friends, and the community.**

Findings: Average 99% compliance. The individual service plan (ISP) addresses all the participant's assessed needs and is reviewed and updated at least every six months, but more often as needed. The participant (and legal representative if applicable) was informed of their right to choose among waiver-allowable services (e.g., in-home vs substitute care services).

### **Care managers monitor the performance of service providers.**

Findings: Average 94% compliance. Documentation exists in the record to show that providers were licensed or certified as required, met training requirements for services not requiring licensure or certification, had a signed Waiver Provider Agreement on file, and provided services that were on the ISP and met the standards as outlined in the Medicaid Waivers Manual.

### **Services respond to individual needs.**

Findings: Average 99% compliance. The ISP addresses the individual's assessed needs as identified by the corresponding functional screen. The ISP is updated throughout the year as needed.

### **Participant preferences and choices are honored.**

Findings: Average 100% compliance. Participants could choose their services. Knowledgeable care managers listened and responded to participant preferences and choices, and addressed participant concerns.

### **Participants are satisfied with the services delivered.**

Findings: Average 99% compliance. Participants were satisfied with the care-management services they received as well as with the in-home (e.g., supportive home care) services received.

### **Participants are able to maintain a home of their choice and participate in community life.**

Findings: Average 98% compliance. Participants make their own decisions about their living arrangement and feel connected to their community.

### **Corrective Action**

Following completion of the record reviews and home visits, site monitoring visits include a face-to-face summary meeting and submission of a written report which is provided to the local agency director responsible for waiver implementation. The report provides details to the agency about identified health or safety issues and whether action is needed at the local level. The report also cites errors or deficiencies, noting that corrective action must occur within a specified period of time. The monitoring includes follow-up visits to ensure compliance when written documentation insufficiently provides assurance. Results from consumer outcomes and satisfaction surveys are included in the written report with intent to present an overview of the county system and identify trends in service areas.

### **Program Quality**

During 2016, 41 randomly selected participants responded to 16 questions during in-person interviews regarding satisfaction with waiver services. Both direct responses and reviewer assessments of those responses were recorded.

#### **• Factors examined regarding care management services included:**

- Responsiveness to consumer preferences
- Quality of communication
- Level of understanding of consumer's situation
- Knowledge of resources
- Timeliness of response

- **Factors examined for in-home care included:**
  - Timeliness
  - Dependability
  - Responsiveness to consumer preferences
- **Factors examined for individuals residing in substitute care settings included:**
  - Responsiveness to consumer preferences
  - Choices for daily activities
  - Ability to talk with staff about concerns
  - Comfort

Table 16 combines and summarizes the findings of the survey.

**Table 16 - Program Quality Results**

Satisfaction Category	Percentage of Positive Responses
Choice of services	100%
Connected to the community	95%
Care manager is responsive	99%
Feels Safe	100%
Satisfaction with in-home workers	97%
Substitute care services are acceptable	86%
Satisfaction living arrangement	100%

Positive responses include responses for which the satisfaction category was either achieved or in progress. Source: 2017 Quality Monitoring Reviews (based on CY16 participant interviews and a review of CY 16 records)

### Continuous Quality Improvement Projects

DHS analyzed and combined quality improvement data that informs ongoing quality improvement projects:

- Quarterly validation of Medicaid numbers.
- Enhanced data collection and reporting formats that identify target areas for local monitoring, training, and technical assistance.
- Production and distribution of case-specific fiscal reports containing potential, correctable reporting errors.
- Provision of training and technical assistance on the Long Term Care Functional Screen.
- Provision of training and technical assistance on the management of complex funding sources.
- Maintenance of a database of hearings and appeals decisions.
- Maintenance of a database of registered service providers with provider agreements.

We gratefully acknowledge the efforts of County Community Options Program Lead Agencies to report COP and waiver activities and expenditures completely and accurately, since this information is the foundation for the data compiled in this report. Questions may be directed to [dhsldmsbaltes@dhs.wisconsin.gov](mailto:dhsldmsbaltes@dhs.wisconsin.gov).